Knowing

...*The Art of Post Retention Management*

by James J. Hilgers, D.D.S., M.S.
Mission Viejo, California

Case completion and final patient dismissal is one of the most difficult and poorly managed areas in orthodontics. Orthodontists seem extraordinarily disposed to take on their patients' orthodontic care for lifetime...either the patients' or theirs. I think it is borne out of the concept that if *we do* everything perfectly, *there is such a thing as a 'stable result.'* I think that is a *noble contention,* but unfortunately an erroneous one.

A good orthodontic friend of mine, in a monumental burst of stupidity, listened to an authority who convinced him that if he did everything just right, there was no need for retention at all. So, for over a two year period, he placed no retainers whatsoever. Later he, not surprisingly, acknowledged the obvious. There was a rampant relapse in many of his cases. He shared that the most perplexing thing, however, was that about two thirds of the cases that received no retention care did indeed hold up extremely well. The problem was, he had no clue as to which cases would be among the third that relapsed. He confided that even in cases where it was "so apparent" that they would collapse, there was stability. Conversely, cases that "looked like they had every potential to be stable," collapsed horribly.

I have joked that, in most cases, it is not a question of whether or not there will be some relapse (because they probably all will, extraction or not), but how good the face looks when they do (boy, does that say a lot about diagnosis). I don't like to be a cynic about case stability, but if we are going to continue to feel forever responsible about patient results and expectations, let us at least learn to manage the post retention phase with aplomb.

In many orthodontic offices I have visited, long-term retention

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Dr. James J. Hilgers was instrumental in the development of the Linear Dynamic System and its approach to Bioprogressive Therapy. He has published and lectured extensively and conducts in-office seminars on Bioprogressive Simplified. Dr. Hilgers is a graduate of Loyola University at Chicago and Northwestern University in dentistry and orthodontics, respectively. He is Visiting Clinical Professor of Orthodontics at the University of California, San Francisco, and maintains his private clinical orthodontic practice in Mission Viejo, California.

When to Say When

Figure 1:
Receptionist reviewing patient contract. She uses colored Hi-liter to stress important areas of the contract. Here she is underlining the section on post-treatment care.

Figure 2:
Small "Success Card" sent to parents thanking them for their cooperation. The photograph is a Polaroid and is taken the day of appliance removal.

procedures are very poorly handled. It is not unusual for an orthodontist to see 90 to 100 patients a day, half of which are non-income producing, long-term, post retention cases. The orthodontist is dinking with retainers with multiple finger springs, getting frustrated, begging the patients to wear their retainers, getting frustrated, feeling guilty and quizzical about case rebound and, of course…getting frustrated. All this without receiving any compensation whatsoever…sometimes not even getting the good feeling that comes from being a responsible person.

The key is to clarify and manage your retention procedures to everyone's benefit. Post retention procedures are *not treatment problems* (see procedure 1), they are, most surely, *management problems*. Accept the fact that *all cases* are going to be somewhat unstable, regardless of your diagnostic and treatment acumen, then set out to manage the post retention period so that it is, at the very least, an economically sound enterprise. This *does not mean* that you do shoddy orthodontics (under the guise that all cases are unstable anyway) and then do good damage control. It *does mean* that you do *great orthodontics* and then do good damage control. That is the best of both worlds and *it is a realistic and laudable goal.*

The following procedures, by the numbers, explain a viable system for post retention management. A strong commitment to this approach has allowed me to manicure my practice, regain control of patient ebb and flow, and to put retention into proper perspective and reduce it as a shackle to practice growth and tranquility.

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SUCCESS!

Congratulations are in order! So is a word of thanks for all the cooperation you've given us during your child's orthodontic treatment.

A beautiful, healthy smile is one of the most important and valuable contributions you can make to your child's welfare.

Again, congratulations!

Thanks for being an absolutely fabulous patient. Ryan - smile a lot and show those new choppers!

Sincerely,

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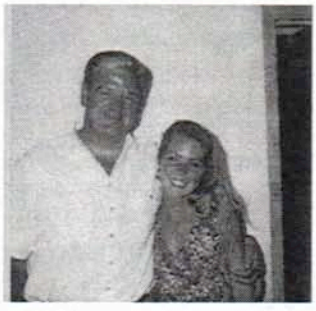

anecdote or humorous remembrance of their orthodontic care (if I can muster up one).

The assistant will remind the patient and parent at this time that we are starting a *"one year active retention"* period. She will draw a thick green line on the treatment chart at the retention date to clearly indicate the beginning of the one year active retention period.

At this time, the assistant also cues a letter through our word processing system that congratulates the patient and, once again, reiterates that we will be responsible for one year of post retention follow-up and that it is included in the original orthodontic fee (Fig. 3).

3. During the year of active retention the patient is seen at 3 month, 3 month, and 6 month intervals for minor adjustments to retainers, tooth manicuring, and mild equilibration, even rebonding if necessary. *All at no charge.*

4. At the end of twelve months, we advise patients that they are now being placed on "Demand Recall." Patients are informed that we no longer need to see them as frequently but that it would be "nice" to see them in twelve months to check on alignment, retainer fit, and possible third molar removal. At this time the assistant will reinforce the lost retainer charges (we give the patient a humorous handout entitled 'How I lost my retainer...and other great stories' (Fig. 4), and state that "if you need something, anything, we are here to help you *at anytime*...just call. But from here on there will be our *usual* office visit charges for any further adjustments" ($50.00 per visit at this writing).

I will personally come over to the chairside and thank the patient for their cooperation and, in effect, take the responsibility for case stability from our shoulders and put it very squarely back on the patient's shoulders. I will usually finish my communication with the comment, "You have a really beautiful result, Sally, and now it's your job to keep it there. There is *no such thing* as a completely stable result...the teeth are not set in concrete. I would suggest that you always keep your retainer fitting...wear it whatever amount it takes...at night, every other night, just keep it fitting."

I will finish with the plea, "Please don't come back a month or a year from now with crooked teeth when you have a way to keep them straight. That is your responsibility." Most often the patient will ask, "How long should I wear my retainer, Dr. Hilgers, one more year, five years, ten years?" To this query I will answer, "You know, that's really up to you. I can only tell

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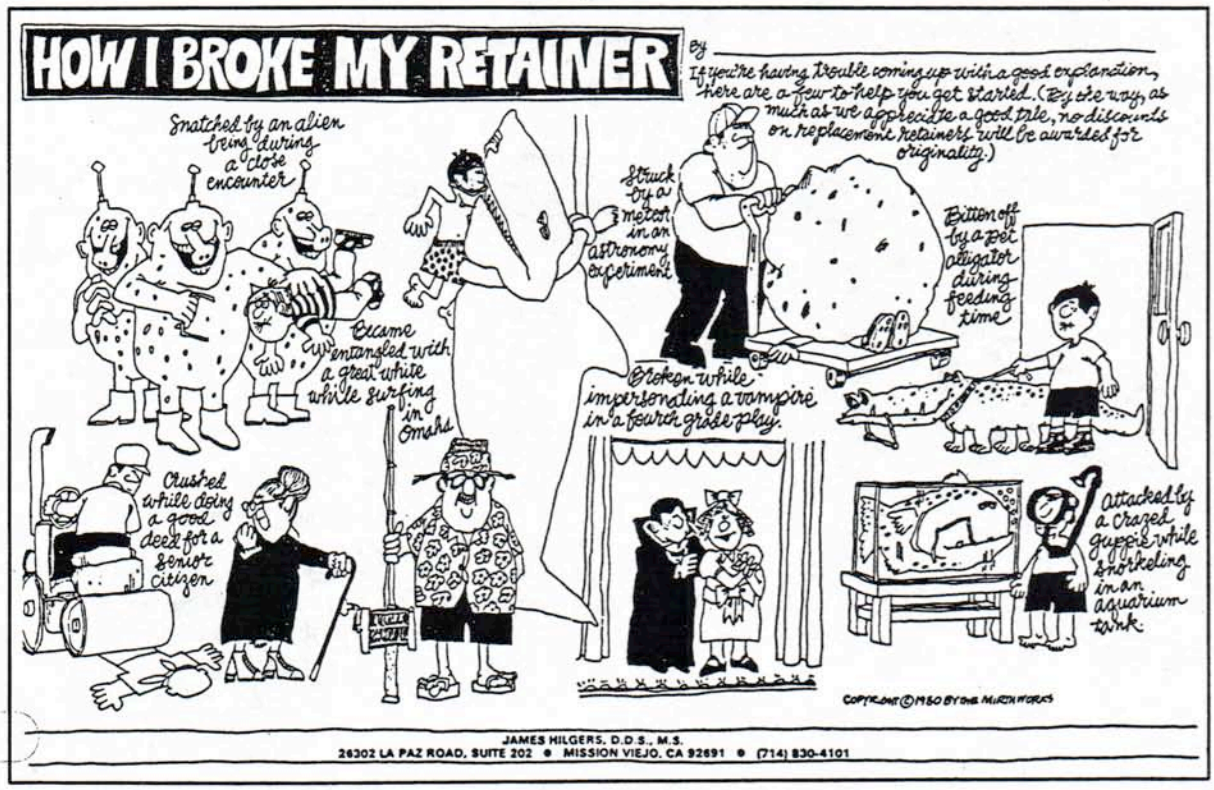

Figure 4: Humorous "How I Broke My Retainer" pamphlet that is given to patients at time of retainer placement. Places responsibility for retainer care on patient's shoulders in nonconfronting manner.

Dr. Hilgers

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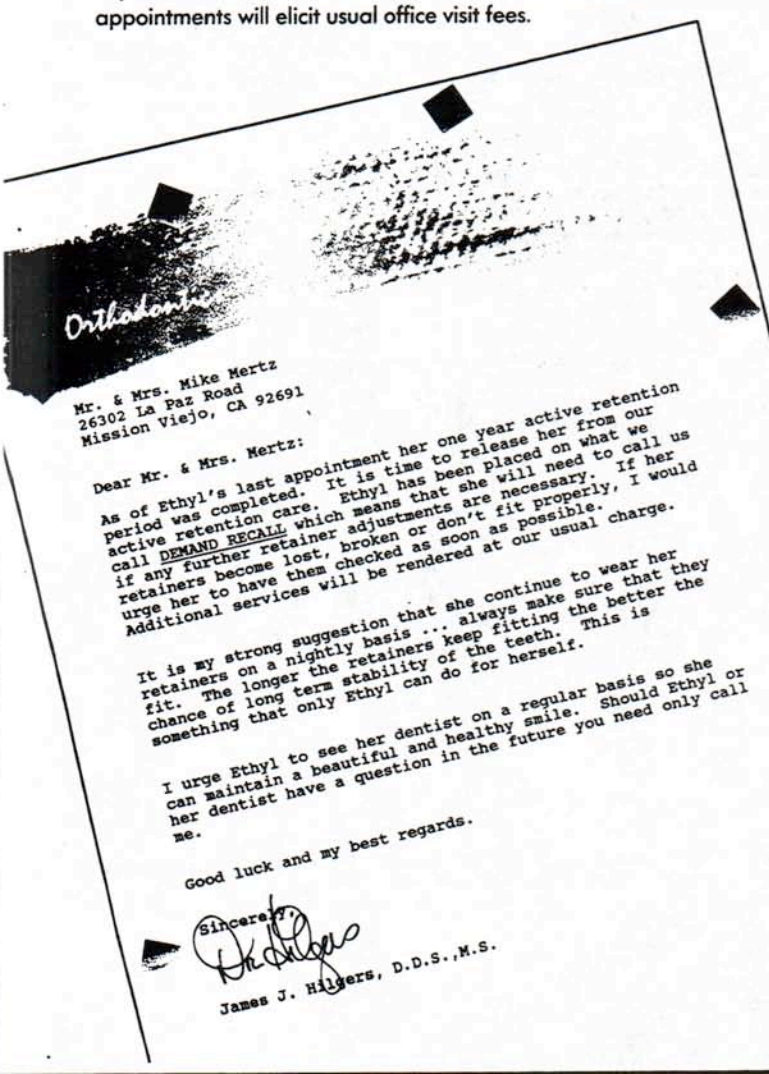
you that the very best long term results I have seen occur when the patient who cares about their teeth always keeps their retainer fitting." I also like to use an analogy that most patients can identify with…eyeglasses or contact lenses. I will remark to them, "Retainers are quite a bit like wearing eyeglasses or contact lenses. Since your eyes are generally not going to get better, you need to take care of your glasses, keep them fitting and have your optometrist check them periodically.

"Orthodontic retainers are just like that. If you want to keep your teeth perfectly straight, pay the same attention to your retainers that you would pay to your glasses."

This communication is of utmost importance. **The patient (and parents) must be very clear that this is the end.** If your communication, in any way, leaves the door open, the patient will continue to cajole your receptionist over the phone whenever she suggests any charges. The onus of retention will once again fall on your shoulders instead of the patient's.

5. One question that other orthodontists often ask me is: "You have left a 3-3, or 4-4 permanently cemented in the lower arch…what are you going to do about that?" Well, if I tried to keep track of every 3-3 I've ever cemented for twenty years, I'd have another full time job. In those cases where I feel it is in the best interests of patients to have long-term permanent retention, I will tell them that as long as hygiene is good (as determined by their dentist and hygienist), there is nothing wrong with fixed retention for a long period of time. It is the one area of retention that does not need compliance and I am quite comfortable leaving fixed retention in the lower arch for 5 years or more in certain cases. I will tell the patient "If you, for any reason, would like this fixed retainer out, I would be glad to replace it with a removable one at any time. You always need to have a retainer of some form." Typically, just after the wisdom teeth have been removed is a *"good time."*

Figure 5
Letter cued to word processing at one year post-treatment. Reiterates personal communication to patients that they are now in post-retention. Also stresses that future post-retention appointments will elicit usual office visit fees.



Orthodontics

Mr. & Mrs. Mike Mertz
26302 La Paz Road
Mission Viejo, CA 92691

Dear Mr. & Mrs. Mertz:

As of Ethyl's last appointment her one year active retention period was completed. It is time to release her from our active retention care. Ethyl has been placed on what we call DEMAND RECALL which means that she will need to call us if any further retainer adjustments are necessary. If her retainers become lost, broken or don't fit properly, I would urge her to have them checked as soon as possible. Additional services will be rendered at our usual charge.

It is my strong suggestion that she continue to wear her retainers on a nightly basis ... always make sure that they fit. The longer the retainers keep fitting the better the chance of long term stability of the teeth. This is something that only Ethyl can do for herself.

I urge Ethyl to see her dentist on a regular basis so she can maintain a beautiful and healthy smile. Should Ethyl or her dentist have a question in the future you need only call me.

Good luck and my best regards.

Sincerely,

James J. Hilgers, D.D.S.,M.S.

6. Whenever a lower fixed retainer is removed (even 5 years later) I will give the patient *(at no charge)* a lower removable retainer. It is important that you *continue* to make retention stability the patient's responsibility. This cannot be done if you simply remove a 3-3 and send the patient on their way. The moment that crowding begins, it's your fault (in the patient's eyes) because you did not provide a way of holding their teeth straight.

Hence the reason for "no charge." Placing a simple slipcover retainer is a small price for you to pay to keep the onus of case stability in the patient's corner.

7. The assistant will draw a thick red line on the patient's treatment card at the one year or "Demand Recall" date indicating to all of the staff that *all further appointments will elicit patient charges.*

8. A DEMAND RECALL letter (Fig. 5) is cued to word processing that reiterates the finish of active retention and restates the fact that all future appointments will include a "usual office visit charge."

9. From this point onward, whenever the receptionist receives a call from a DEMAND RECALL patient and makes an appointment, her phone call is completed with the comment "As you know, there will be our usual office visit charge of $50.00 for this appointment."

Conclusion:

This management approach to post-retention has resulted in a significant reduction in the daily non-income producing aspects of the office, it has reduced overcrowding of the schedule, and it has helped focus time on the growth aspect of our practice. The clarity of this approach is also quite helpful for public relations. Most people are very happy to learn that they have no compelling obligation to continue returning forever for retention checkups. It is now *their responsibility and choice* and they do not feel badly because they drifted away. It also allows for a mutually agreed upon cut-off time. **The discipline required to make this resilient approach work is tremendous…but so are the rewards.** As with most endeavors, KNOWING WHEN TO SAY WHEN is the toughest of all!

My sincerest thanks to Dr. Henry Zaytoun for the sharing of his expertise on this subject.